State Spotlight: Louisiana and Pennsylvania Emergency Planning

Therap® | Person-Centered. Data-Driven.

NASDDDS
National Association of State Directors of Developmental Disabilities Services

LOUISIANA
DEPARTMENT OF HEALTH

Emergency Preparedness Planning for People with Intellectual and Developmental Disabilities

Julie Foster Hagan

Assistant Secretary

Office for Citizens with Developmental Disabilities (OCDD)

Disability Program Offices Partners

- Louisiana Emergency Management Disability and Aging Coalition (EMDAC)
- Office of Public Health: 2-1-1 resources
- State Emergency Operations Center
- Governor's Office of Homeland Security and Emergency Preparedness
- Medicaid
- Developmental Disabilities Council
- Disability community

Communication with Partners is Key!

- Set meeting participants and cadence prior to events

- Annual table top exercise and after action meetings

- Program office participation at all levels of preparing and response – considerations for persons with disabilities embedded into emergency response efforts

- Established points of contact and information ahead of time/reviewed regularly

Preparation Activities for Disability Community

- For those with **speech/language/hearing disability:** When dial 911, tap space bar to indicate TDD call

- Store writing pad and pencils with emergency supplies

- Flashlight to signal whereabouts and illuminate communication aids

- Ask friends to be source of emergency information as it comes via news

- If support animal, they may become confused or disoriented during event. Store extra food, water, and supplies for them.

Plan of Care Emergency plan includes:

Plans if there is a mandatory evacuation	• Evacuate with family/friend • If shelter: general, medical special needs, or other shelter • If shelter in place, what is needed • Other considerations
Transportation needed for evacuation	• Is family/friend able to provide transportation? • Will direct support professional provide transportation? • Other considerations
Personal care support needs	• Are any supports needed? • Can sufficient natural support be provided? • How many direct support staff are needed for duration of event?

Plan of Care Emergency Plan Considerations

- Support coordinator responsibilities

- Who's responsible for ensuring specialized equipment, medications, or medical supplies available

- Is durable medical equipment necessary and if so, who is responsible

- Does the participant have a pet, and what arrangements have been made for the pet

- Arrangements for non-evacuation emergencies (fire, tornado, etc.)

Tracking Before and During Event

- Have established **tracker** with support coordinator/case manager as lead on contact and reporting (Note: need for back-up)

- Begin tracking when threat imminent for **notice** events (storm in the Gulf) or immediately for **no-notice** events (onset of wildfire)

  - Is person/family aware of storm and have activated emergency plan?

  - Is the person evacuating/where are they evacuating to?

  - Who is the person evacuating with?

  - Phone number to contact?

- Program office compiles information, sends to state emergency operations center, sends to GOHSEP/Governor.

Tracking Post-Event

- Continue tracking until all individuals return home.
    - Has the person returned home?
    - Do they have running/drinking water and electricity?
    - Is the home safe to stay in?
    - Are they currently receiving services?
    - How long will the worker stay?
    - What assistance do they currently need?
    - If applicable, have they made a FEMA application?
- Sometimes people didn't evacuate prior to the storm find it necessary to evacuate after due to the heat or the home condition.

Appendix K

- Upon federal disaster declaration, state can request **Appendix K** amendment.

- States can use Appendix K during emergency situations to request amendments to their approved 1915(c) waivers

- State uses Appendix K to inform CMS of **changes** or **exceptions** that the state needs in order to respond to the emergency.

- An Appendix K application can be **retroactive**.

Appendix K Examples

- Allow waiver participants to reside with paid staff who are not relatives.
- Allow increased Center Based Respite hours for participants whose homes were damaged
- Allow services to be provided in hotel, shelter, schools, etc.
- Allow services to be provided out of state and out of region as a result of evacuations
- Allow virtual/remote/phone calls for visits typically required to be done in-person
- Flexibilities around plan of care development/submission and level of care determinations
- Flexibilities around critical incident reporting
- Temporary increase to number of personal care hours provided

National Resources

- HHS empower Program: https://empowerprogram.hhs.gov
- Partnership between Administration for Strategic Preparedness and Response (ASPR) and Centers for Medicare and Medicaid Services (CMS)
- Provides federal data, mapping, and AI tools, as well as training and resources, to strengthen emergency preparedness, response, recovery, and mitigation prior to, during, and after incidents, emergencies, and disasters
- Focused on "at-risk" populations and includes training applicable to public health officials, emergency managers, first responders and health care providers
- Data available for Medicare population in your state

THANK YOU

Julie Foster Hagan

OCDD Assistant Secretary

Julie.hagan@la.gov | *225-342-0095*

LOUISIANA DEPARTMENT OF HEALTH

Prepared People Save Lives

Building Resilience Through A Hazard Vulnerability Assessment

Being prepared - it's a smart choice that protects people, saves money, and helps your organization stay safe and trustworthy.

Everyday Lives and Prepared People.

Pennsylvania
Department of Human Services

- **Hazard (Flooding)**
- **Tabletop/Exercises**
- **Hazard Vulnerability Assessment**

Pennsylvania
Department of Human Services

"During a 30-year mortgage, it may have a 26% chance of being hit by the 100-year flood, but the **odds are 96% (nearly guaranteed) that it will be hit by a 10-year flood.** Compare those odds to the only 1-2% chance that the house will catch fire during the same 30-year mortgage."

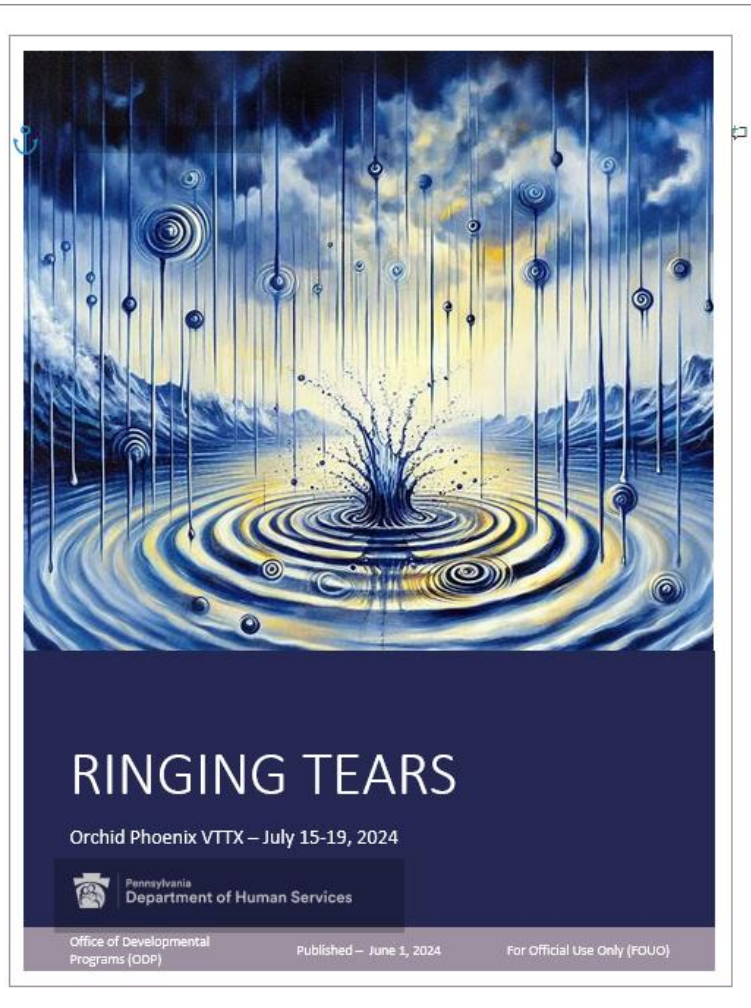- FEMA Floodplain Management Desk Reference

Pennsylvania
Department of Human Services

- **Pennsylvania Flood Risk Tool**
  – Developed by Penn State University with FEMA funding https://pafloodrisk.psu.edu/
  – Provides detailed flood risk information for specific areas
- **FEMA's Map Service Center**
  – Official repository of all flood maps

Pennsylvania
**Department of Human Services**

RINGING TEARS

Orchid Phoenix VTTX – July 15-19, 2024

Pennsylvania
Department of Human Services

Office of Developmental Programs (ODP)   Published – June 1, 2024   For Official Use Only (FOUO)

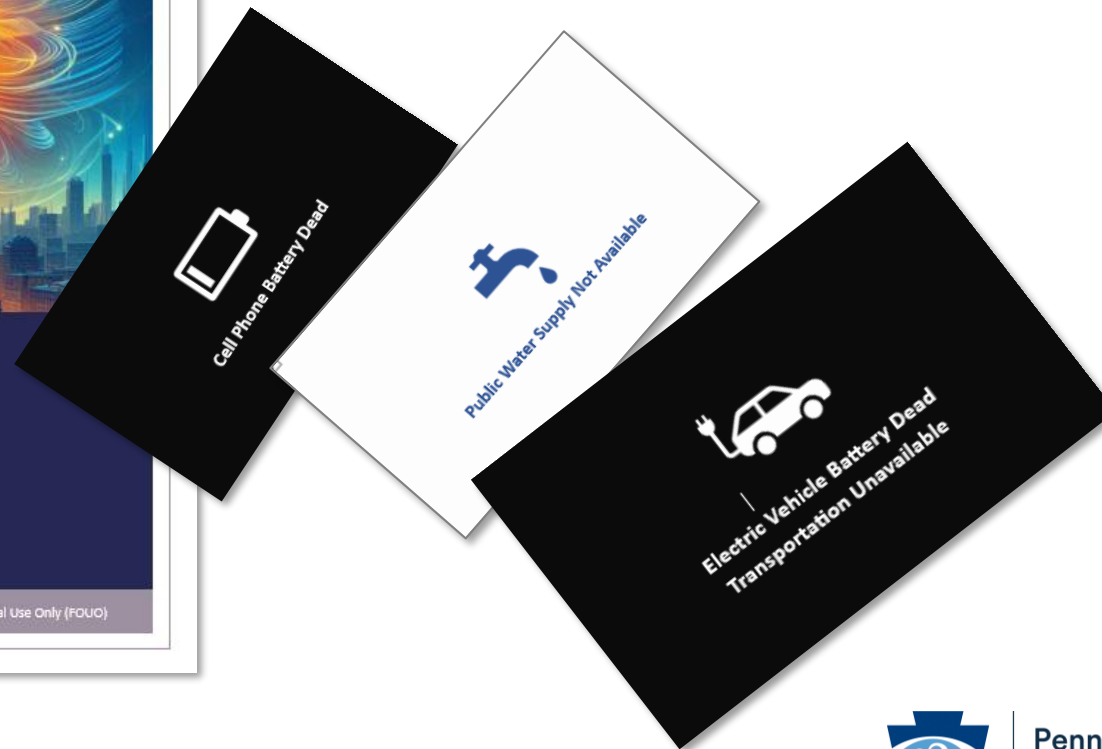**ODP supports annual table-top exercises to prepare for hazards statewide such as Flooding, Black Sky, Nuclear, and other incidents.**

Pennsylvania
Department of Human Services

Interactive and Memorable
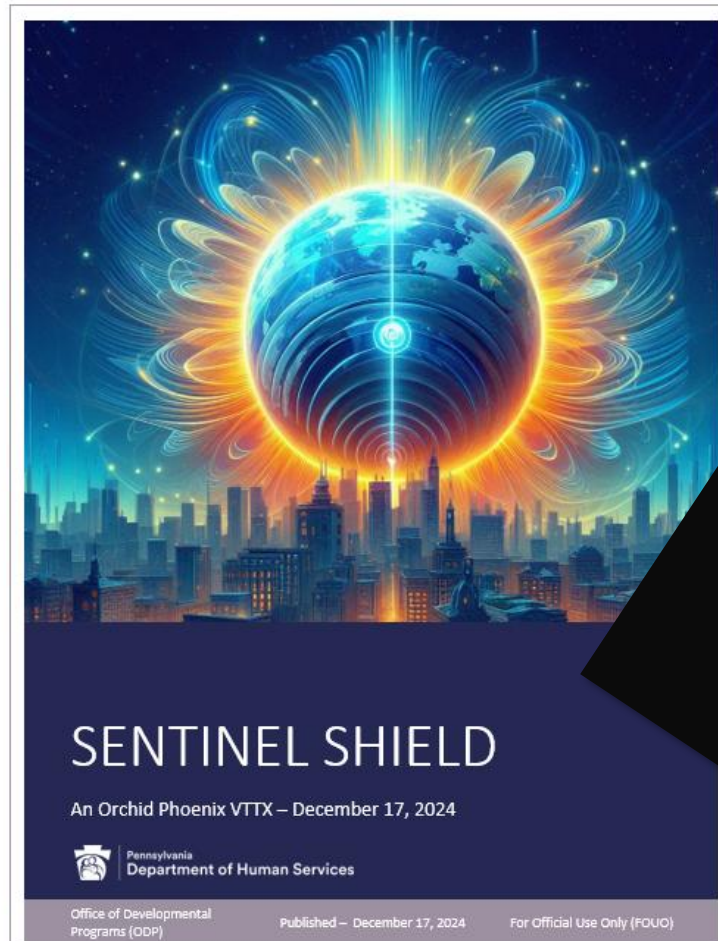
- **Sentinel Shield TTX**
- **Black Sky/Power Outages**
- **Internal Organization**

- Form HCBS provider workgroup
- Provided overview of **HVA Toolkit**
- Group hazard selection & discussion
- Name top 3 hazards
- Business Impact Analysis on Organization's Essential Functions.
- Arrive at Continuity Options to maintain their Essential Functions.

Pennsylvania **Department of Human Services**
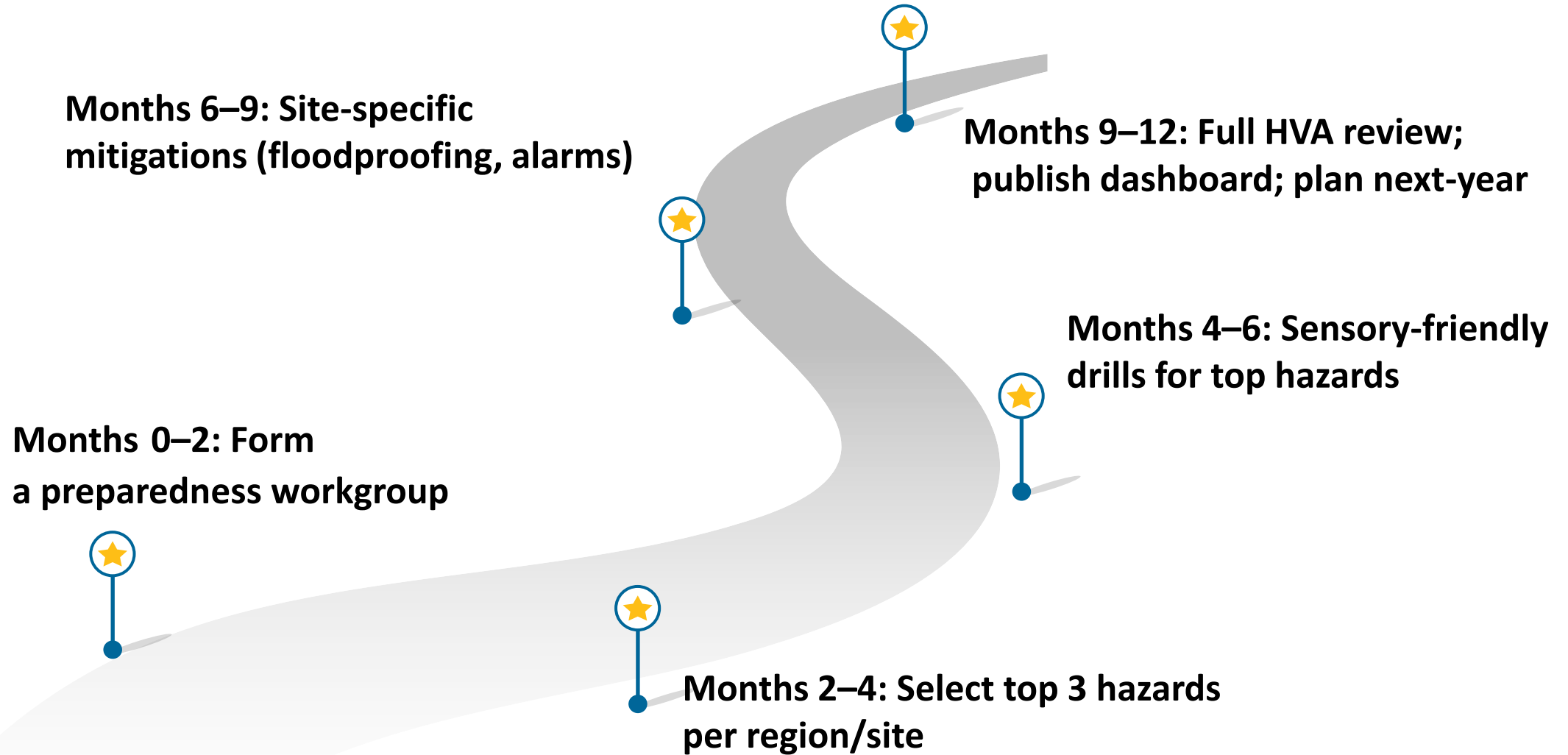
Pennsylvania
Department of Human Services
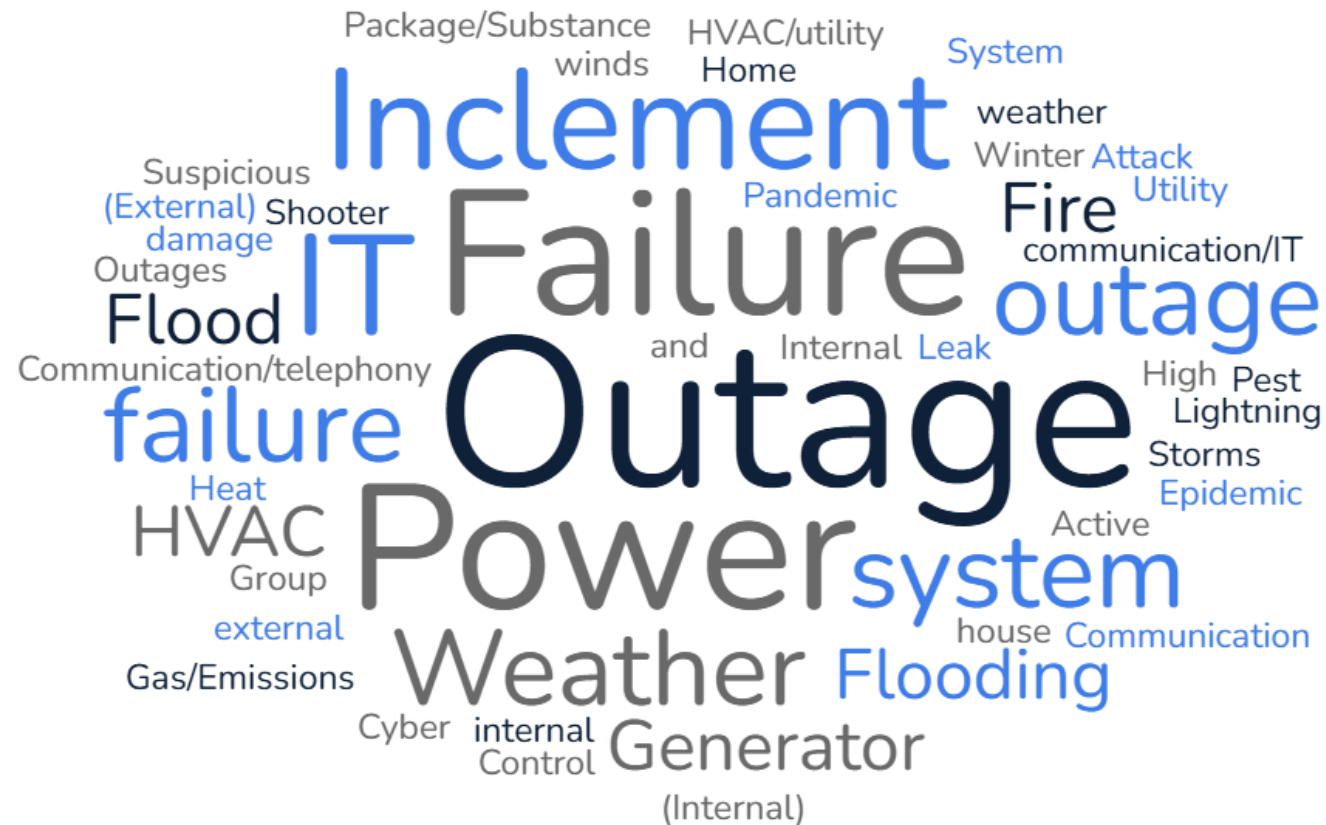
All Hazard/Business Impact/Continuity Option

Hazard	ASD/ID-specific risks	Practical options/strategies
Flooding (riverine/flash)	Rapid transitions; sensory overload; lost routines; medication/equipment loss	Pre-identify dry relocation sites; "go-bags" with meds/AAC/ID; visual social stories for evacuation; waterproof device cases; staff buddy assignments; MOUs with hotels/partners
Power outage	Loss of AAC charging; refrigeration; lifts/beds; increased anxiety after dark	Generators with tested load; generator quick connects with MOUs; battery banks/solar for AAC; cold-chain coolers; headlamps and blackout curtains; quiet spaces; backup paper communication boards
Severe winter weather	Shelter-in-place for 48–72 hours; staffing shortages; snow/ice injuries	3–7 days of food/water; staff sleep kits; medication reserves; indoor activity kits; snow/ice removal priority; telehealth backup
Extreme heat/poor air quality	Heat intolerance; seizure threshold; respiratory issues; outdoor program disruption	Cooling centers; portable AC/filters; hydration schedules; indoor programming plan; real-time air-quality triggers; heat illness protocol
Water disruption/internal pipe break	Hygiene and hydration barriers; infection risk; routine disruption	Potable water storage; hygiene kits; disposable supplies; temporary restroom access; visual schedules for altered routines

Provider HVA Implementation Roadmap

Months 6–9: Site-specific mitigations (floodproofing, alarms)

Months 9–12: Full HVA review; publish dashboard; plan next-year

Months 4–6: Sensory-friendly drills for top hazards

Months 0–2: Form a preparedness workgroup

Months 2–4: Select top 3 hazards per region/site

Pennsylvania
Department of Human Services

- Continuous Process Improvement
  - Outreach/Communications
  - Peer Collaboration/Sharing resources
  - Continuity Discovery Sessions: Essential Functions/BIA
  - After Action Reports/Corrective Actions
  - Training/Follow-up/Check-ins
  - Table-tops/Drills/Exercises

Pennsylvania
Department of Human Services